

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/581511	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	31					
5	1④					
6	④1					
7	1⑧					
8	④1					
9	1⑨					
10	④1					
11	1⑨					
12	④1					
13	1⑧					
14	④1					
15	1⑧					
16	④1					
17	1⑧					
18	④1					
19	1					
20	1					
21	1					
22						
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	20	↔	↔	↔	↔	↔
TOTAL CLAIMS	21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]